

**Vermont Mental Health Performance Indicator Project**  
Agency of Human Services, Department of Health, Division of Mental Health  
Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601

**MEMORANDUM**

TO: Vermont Mental Health Performance Indicator Project  
Advisory Group and Interested Parties

FROM: John Pandiani and Shoshana Boar

DATE: June 24, 2005

RE: Co-occurring (MH/SA) disorders Among CRT Clients

This week's PIP examines the rate at which adults served by Community Rehabilitation and Treatment (CRT) programs for adults with severe and persistent mental illness during CY2004 had been identified as having a co-occurring substance abuse disorder in the MSR data sets submitted to DMH by local service providers. The indicators of substance abuse disorders used in this analysis included an intake problem assessment that indicated an alcohol or drug abuse problem, a diagnosis of substance abuse (303.9-305.9), and having received service(s) from a substance abuse program in the reporting CMHC that were reported in monthly Service Report (MSR) data files submitted to DMH by designated community agencies. This analysis is the first in a series that replicates a series of PIP reports on indicators of dual diagnosis during CY2003 that were distributed last year at this time as part of our preparation of a federal grant proposal.

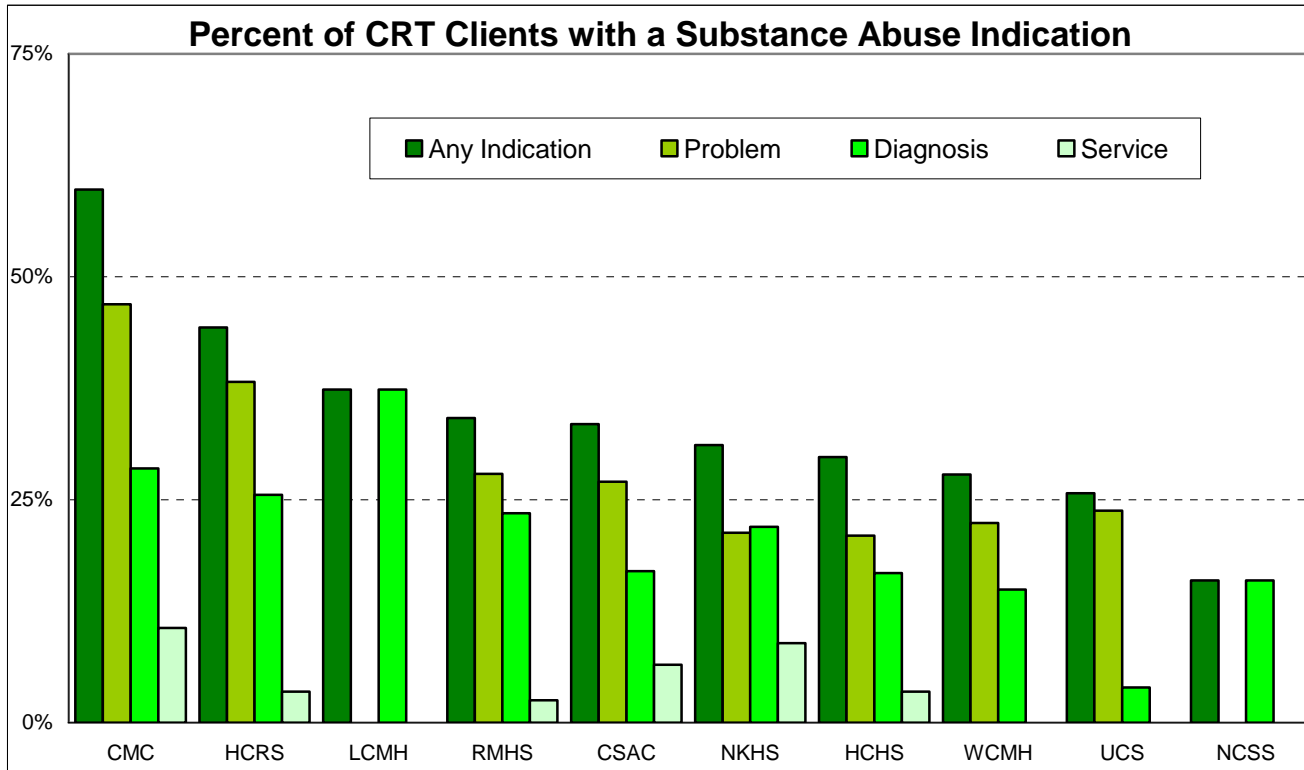
As you will see, one-third of all CRT clients, statewide, had at least one of these indications of a co-occurring substance abuse disorder. The identification rate, however, varied from 60% at the Clara Martin Center in Orange County to less than 20% at North Country Counseling in St Albans. Problem assessments indicated a co-occurring disorder for 23% of all CRT clients and diagnosis indicated a co-occurring disorder for 20%. Very few CRT clients (4%), however, had received a service from the agency's substance abuse program during CY2004. There were also substantial differences among providers in the rate at which the different indicators appeared in the data reported to DMH.

Statewide, there was no change between 2003 and 2004 in the overall rates at which co-occurring disorders were identified in MSR data reports. At the local level, overall identification rates increased by 5% or more at LCMH (29% to 37%) and at UCS (31% to 26%), and the proportion of CRT clients who received a substance abuse diagnosis increased from 28% to 37% in Lamoille County.

The substantial differences among CRT programs in reported prevalence of co-occurring substance abuse disorders could be interpreted in a number of ways. First, they could reflect differences in the prevalence of substance abuse disorders among adults with serious mental illness in different parts of the state. These differences could also be interpreted as an indication of differing levels of access to care for adults with both a serious mental illness and a substance abuse disorder. A third interpretation could suggest these differences reflect differing ability of clinical staff at the local CRT programs to effectively screen for substance abuse disorders. Finally, these differences could be interpreted as an indication of differing record keeping and reporting practices at the various CRT programs.

We will appreciate your interpretations of these findings and your suggestions for further analysis of these data to [pip@vdh.state.vt.us](mailto:pip@vdh.state.vt.us).

## Community Rehabilitation and Treatment Clients with Co-Occurring Substance Abuse Disorders Vermont CY 2004



Community Rehabilitation and Treatment Clients Served  
Percent with a Substance Abuse Indication

	Total	Number	Any Indication	Problem	Diagnosis	Service
		3,427	33%	23%	20%	4%
<b>Clinic</b>						
Orange - CMC		179	60%	47%	28%	11%
Southeast - HCRS		458	44%	38%	26%	3%
Lamoille - LCMH		158	37%	0%	37%	0%
Rutland - RMHS		319	34%	28%	24%	3%
Addison - CSAC		200	34%	27%	17%	7%
Northeast - NKHS		437	31%	21%	22%	9%
Chittenden - HCHS		715	30%	21%	17%	3%
Washington - WCMH		496	28%	22%	15%	0%
Bennington - UCS		202	26%	24%	4%	0%
Northwest - NCSS		263	16%	0%	16%	0%

Data used in this analysis were extracted from Monthly Service Report (MSR) files submitted to DMH by designated community mental health service providers. CRT (Community Rehabilitation and Treatment) clients counts include all individuals who were assigned during calendar year 2004 to a Community Rehabilitation and Treatment Program.

Any substance abuse indication is defined as client with an indication of an alcohol and/or drug abuse problem, a substance abuse diagnosis, and/or receiving substance abuse services. A substance abuse problem includes all clients with an alcohol and/or drug abuse problem according to the problem checklist done at time of intake. A substance abuse diagnosis includes all clients with a diagnosis greater than or equal to 303.90 and less than 306.00. Substance abuse services include all clients who received at least one service from a substance abuse program.

**Community Rehabilitation and Treatment Clients Served**  
**Percent with a Substance Abuse Indication during CY 2003 and CY 2004**

		Number		Any Indication		Problem		Diagnosis		Service	
		CY 2003	CY 2004	CY 2003	CY 2004	CY 2003	CY 2004	CY 2003	CY 2004	CY 2003	CY 2004
	<b>Total</b>	3,346	3,427	33%	33%	23%	23%	20%	20%	5%	4%
<b>Clinic:</b>											
Orange - CMC		181	179	48%	60%	48%	47%	24%	28%	17%	11%
Southeast - HCRS		417	458	41%	44%	37%	38%	22%	26%	5%	3%
Lamoille - LCMH		154	158	29%	37%	1%	0%	28%	37%	0%	0%
Rutland - RMHS		324	319	36%	34%	30%	28%	25%	24%	5%	3%
Addison - CSAC		195	200	31%	34%	25%	27%	13%	17%	6%	7%
Northeast - NKHS		450	437	31%	31%	20%	21%	21%	22%	10%	9%
Chittenden - HCHS		683	715	31%	30%	19%	21%	19%	17%	6%	3%
Washington - WCMH		486	496	31%	28%	23%	22%	16%	15%	0%	0%
Bennington - UCS		196	202	31%	26%	24%	24%	19%	4%	1%	0%
Northwest - NCSS		260	263	14%	16%	0%	0%	14%	16%	0%	0%

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